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Bib Data Sheet

CONFIRMATION NO. 2427

SERIAL NUMBER 10/062,622	FILING DATE 01/31/2002 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. NC25900
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APPLICANTS

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** CONTINUING DATA *****

NONE JAT

** FOREIGN APPLICATIONS *****

NONE JAT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials JAT			

ADDRESS

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TITLE

Interference dependent ADC headroom adjustment

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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